FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PROCESSED

| SEP 1 9 2008 | |
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| | SEC USE ONLY |
| HOMSON REUTERS TEST | ix Serial |
| B, S COTEKO | 1 |

| NOTICE OF SALE OF SECURITIES SECUSE ONLY | |
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| OG ROTTE OF SALE OF SECON INFORMACIÓN DE ITEM Prefix Serial | |
| PURSUANT TO REGULATION D, VIJOIN REUIERS | |
| | |
| UNIFORM LIMITED OFFERING EXEMPTION | |
| | |
| Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) | |
| Private Placement of Limited Partnership Interests of TWM Hedge Fund Offshore Partners, L.P. | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE | |
| Type of Filing: | |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) TWM Hedge Fund Offshore Partners, L.P. | |
| Address of Executive Offices (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code) | |
| 5500 Preston Road, Suite 250, Dallas, Texas 75205 (214) 252-3250 | |
| Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) | |
| Brief Description of Business Investment Partnership | |
| Type of Business Organization | |
| Corporation Imited partnership, already formed other (please | specify): |
| business trust limited partnership, to be formed | |
| Month Year | |
| Actual or Estimated Date of Incorporation or Organization: 0 2 0 8 Actual Estimated Date of Incorporation or Organization: | nated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FN | |
| CN for Canada; FN for other foreign jurisdiction) | |
| | |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). | |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. | the date it is |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. | |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typ signatures. | ed or printed |
| Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. | any material |
| Filing Fee: There is no federal filing fee. | |
| State: The project deliberation of the form desired Office Founds (19.05) for the form the bound of the bound of the bound of the form the | on III OC |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed ATTENTION | |
| Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to | |
| the appropriate federal notice will not result in a loss of an available state exemption unless such exemptic | n is |
| The appropriate rederal notice will not result in a 1025 of all available state exemption diffess such exemption | |
| predicated on the filing of a federal notice. | |



| _ | · · · · · · · · · · · · · · · · · · · | | A. BASIC IDENTIFI | CATION DATA | | |
|--------|--|----------------------|--|------------------------------|----------------------|--------------------------------------|
| 2. | • Enter the information | requested for the fo | ollowing: | | | |
| X X | | | has been organized within the p to vote or dispose, or direct the | | r more of a class of | of equity securities of the |
| X | | and director of co | porate issuers and of corporate | general and managing partner | s of partnership is | suers; and |
| X | | | | | | |
| | neck Box(es) that Apply: | | Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| T | ll Name (Last name first WM Offshore Managem | ent, Inc., General | Partner | | | |
| | isiness or Residence Add 00 Preston Road, Suite | | Street, City, State, Zip Code) 575205 | ,. | | |
| Ch | neck Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| | ll Name (Last name first, bleson, John C., Preside | | Director | | | |
| Βι | | ress (Number and | Street, City, State, Zip Code) | | | |
| Ch | neck Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | Director | General and/or Managing Partner |
| | ll Name (Last name first, ennett, Eric W., Vice Pro | | Secretary and Director | | | <u> </u> |
| | | | Street, City, State, Zip Code) | | | |
| | 00 Preston Road, Suite | | | | | |
| | neck Box(es) that Apply: | | ☐ Beneficial Owner | ☑ Executive Officer | Director | General and/or Managing Partner |
| | ll Name (Last name first, | | | | | |
| | rry, Samuel C., Control | | | | | |
| | isiness or Residence Add OO Preston Road, Suite | | Street, City, State, Zip Code) | | | |
| | neck Box(es) that Apply: | | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Fu | ll Name (Last name first, | if individual) | | | | |
| Bu | siness or Residence Add | ress (Number and | Street, City, State, Zip Code) | , . | | |
| Ch | neck Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Fu | Il Name (Last name first, | if individual) | | | | |
| Bu | siness or Residence Add | ress (Number and | Street, City, State, Zip Code) | · | | |
| Ch | neck Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Fu | ll Name (Last name first, | if individual) | | | | |
| Bu | siness or Residence Add | ress (Number and | Street, City, State, Zip Code) | | | |
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| | | | | | , | B. IN | FORM | 1ATIO | N ABC | O TUC | FFERI | NG | | |
|--------------------------------|--|-----------|-------------|-------------------|------------------------|------------|-----------|----------|----------|------------|-----------|---------|---------------|------------|
| 1. , Ha | is the iss | uer sold | | | er intend Iso in Ap | d to sell, | to non- | accredit | ed inves | tors in th | nis offer | | Yes | No ⊠ |
| 2. W | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | | | \$ <u>100</u> | 0,000.00 |
| 3. Do | 3. Does the offering permit joint ownership of a single unit: | | | | | | | | | | Yes ⊠ | No □ | | |
| ind of reg (5) for | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | | |
| Full Na | Full Name (Last name first, if individual) | | | | | | | | | | | | | |
| Busines | Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer | | | | | | | | | | | | | |
| Name o | f Associ | ated Br | oker or I | Dealer | | | | | | | | | <u> </u> | |
| | n Which | | | | | | | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | .iividuai [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | All States |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| [MT] | [NE] | [NV] | (NH) | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |
| Full Na | me (Las | t name f | īrst, if ir | dividua | 1) | | | | | | | | | |
| Busines | s or Res | idence A | Address | (Numbe | r and St | reet, Cit | y, State, | Zip Coo | de) | | | | | |
| Name o | f Associ | ated Bro | oker or I | Dealer | | | | | | | | | | |
| | n Which | | | | | | | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | (DC) | [FL] | [GA] | [HI] | [ID] | | 7th States |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [M1] | [MN] | [MS] | [MO] | | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | | |
| [RI] | [SC] | (SD) | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |
| Full Na | me (Last | t name f | irst, if in | dividua | 1) | | | | | | | | | |
| Busines | s or Res | idence A | Address | (Numbe | r and Sti | reet, Cit | y, State, | Zip Coo | ie) | • | | | | |
| Name o | f Associ | ated Bro | oker or I | Dealer | • | | | | | | | | | |
| | n Which | | | | | | | | | - | | | | |
| (Check | "All Sta | tes" or c | heck inc | lividual | States). | •••••• | | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | (ID) | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | (MA) | [MI] | [MN] | [MS] | [MO] | | |
| (MT) | [NE] | [NV] | (NH) | [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | | |
| [RI] | [SC] | (SD) | [TN] | [TX] | [TU] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt ሱ Equity n ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests..... \$ 12,328,000.00 \$ 12,328,000.00 **)** Other (Specify _ 0 0 Total \$_12,328,000.00 12,328,000.00 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero." Number Aggregate Investors **Dollar Amount** of Purchases Accredited Investors 12,328,000.00 Non-accredited Investors 0 0 Total (for filings under Rule 504 only)..... N/A Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of **Dollar Amount** Security Sold Rule 505..... N/A N/A Regulation A..... N/A N/A Rule 504..... N/A N/A Total N/A N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an

estimate and check the box to the left of the estimate. Transfer Agent's Fees.... 0 Printing and Engraving Costs 0 Legal Fees..... \boxtimes 10,000 Accounting Fees \Box 0 Engineering Fees 0 Sales Commissions (specify finder's fees separately)..... 0 Other Expenses (identify) 0 Total 10,000

| | C. OFFERING PRICE, I | NUMBER OF INVESTORS, EXPENSES AND USE | OF PRO | CEED | S |
|-------|---|---|-------------------|---------------------------------------|-------------------------|
| • | and total expenses furnished in response to | ate offering price given in response to Part C-Question 1 Part C-Question 4.a. This difference is the "adjusted gross | | | \$ <u>12,318,000.00</u> |
| 5. | each of the purposes shown. If the amount | gross proceeds to the issuer used or proposed to be used for for any purpose is not known, furnish an estimate and he total of the payments listed must equal the adjusted gross to Part C-Question 4.b. above. | | | |
| | | | Offi Direct | ents to cers, tors, & liates | Payments To Others |
| | Salaries and fees | | \$ | | \$ |
| | Purchase of real estate | | \$ | | \$ |
| | Purchase, rental or leasing and instal | lation of machinery and equipment | \$ | | \$ |
| | Construction or leasing of plant build | \$ | | \$ | |
| | | uding the value of securities involved in this offering that ets or securities of another issuer pursuant to a merger) | s | | \$ |
| | Repayment of indebtedness | | \$ | 0 | \$ |
| | Working capital | | \$ | | \$ |
| | Other (specify) (investments) | | \$ | ⊠ | \$ <u>12,318,000.00</u> |
| | Column Totals | | \$ | <u> </u> | \$ <u>12,318,000.00</u> |
| | Total Payments Listed (column total | s added) | | \$ <u>12,3</u> | 18,000.00 |
| | | D. FEDERAL SIGNATURE | <u> </u> | | |
| signa | ture constitutes an undertaking by the issuer | d by the undersigned duly authorized person. If this notice is to furnish to the U.S. Securities and Exchange Commission, credited investor pursuant to paragraph (b) (2) of Rule 502. | | | |
| | uer (Print or Type) | Signature Date | er <u>)</u>), 20 | | |
| | /M Hedge Fund Offshore Partners, L.P. | | er <u>[U</u> , 20 | 800 | |
| Na | me of Signer (Print or Type) | Title of Signer (Print or Type) | | | |
| Sa | nuel C. Perry | Controller and Assistant Secretary of TWM Offshore Mana | igement, I | nc., Gene | ral Partner |
| | | ATTENTION | | | |
| | Intentional misstatements or or | nissions of fact constitute federal criminal violations | s. (See 1 | 8 U.S.C. | . 1001). |

| | E. STATE SIGNATURE | | | | | | | |
|------|--|---|---------------------------|------------------|----------|--|--|--|
| 1. | rule? | resently subject to any of the disqualification prov x, Column 5, for state response. | | Yes | No ⊠ | | | |
| 2. | The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required | o furnish to any state administrator of any state in by state law. | which this notice is file | d, a notice on F | orm D | | | |
| 3. | The undersigned issuer hereby undertakes to offerees. | o furnish to the state administrators, upon written | request, information fur | mished by the is | ssuer to | | | |
| 4. | | ssuer is familiar with the conditions that must be s which this notice is filed and understands that the at these conditions have been satisfied. | | | | | | |
| | e issuer has read this notification and knows the lersigned duly authorized person. | he contents to be true and has duly caused this not | ice to be signed on its t | behalf by the | | | | |
| Issi | uer (Print or Type) | Signature | Date | | | | | |
| TW | /M Hedge Fund Offshore Partners, L.P. | Sand Cher | September 2008 | | | | | |
| Naı | me of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | |
| San | nuel C. Perry | Controller and Assistant Secretary of TWM Offs | shore Management, Inc | ., General Partn | іег | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | | 2 3 4 | | | | | | 5 | | |
|-------|----------------------------|---|--|--------------------------------------|--|---|---------------------------------------|----------|--|--|
| | non-ac investor (Par | to sell to credited s in State rt B- m 1) | Type of security and aggregate offering price offered in state (Part C- Item 1) | Type (| Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | | | |
| AL | 105 | | 1 | | 1 | 1 | | | | |
| AK | | | | | | | | | | |
| AZ | | | | | | | | | | |
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APPENDIX

| 1 | 2 | | 2 3 4 | | | | | |
|-------|--|-----|--|---|---------------|--|---|--|
| | Intend to sell to non-accredited investors in State (Part B- Item 1) Type of security and aggregate offering price offered in state (Part C- Type of investor and amount purchased in State (Part C- Item 1) (Part C-Item 2) | | | | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |
| State | Yes | No | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | |
| МТ | | | | *************************************** | | 1111401010 | | |
| NE | | | | | | | | |
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| SC | | | | | | | | |
| SD | | | | | <u>.</u> , | | | |
| TN | | | | | | | | |
| TX | | No | Limited Partnership Interests \$12,328,000 | 12 | \$12,328,000 | 0 | \$0 | No |
| UT | | | | | , | | | |
| VT | | | | | | | | |
| VA | | | | | | | | |
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APPENDIX

| 1 | ; | 2 | 3 | | 4 | | | | |
|-------|--|----|--|--------------------------------------|--|---|--------|----------|--|
| | Intend to sell to non-accredited investors in State (Part B- Item 1) | | Type of security and aggregate offering price offered in state (Part C- Item 1) | Type | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | |
| State | Yes | No | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | | |
| PR | 1 | | | | | | | <u> </u> | |

